

Legally Certified Provider Medication Administration Attestation

I, _____ acknowledge that I have discussed with the parent about
(Provider)
administering medication while their child or children are in my care.

I, _____ will sign the Medication Authorization form for each
(Parent)
prescription and non-prescription medication to be given to my child or children while in
_____ care.
(Provider)

I, _____ will log the medication on the Medication Administration
(Provider)
Log as given to the child or children while in my care.

The authority for this is MCA 52-2-736.

By signing below, I state that I have read, discussed and understand the above information.

Parent

Date

Provider

Date

*Please return to the Centralized LCP Agency with your application.

****Note:** The provider must keep the Medication Authorization Form, Medication Administration Log and Medication Error/Incident Report on file for 3 years.